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Local Health Departments' Level of Engagement in Population Mental Health Promotion

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Local Health Departments' Level of Engagement in Population Mental Health Promotion

Abstract

Background: Mental health conditions are highly prevalent in the U.S. and are associated with physical health problems. Federal initiatives recognize mental health as a public health priority, and local health departments (LHDs) have been identified as partners to promote population mental health. Little is known, however, about the extent to which LHDs address mental health or how LHD officials perceive mental health as a public health concern.

Purpose: To describe the cumulative level of LHDs' engagement in activities to address population mental health and explore how LHD officials perceive their roles in promoting it.

Methods: Module 2 of the 2013 National Profile of Local Health Departments Study (N=505) was used to develop a cumulative measure of LHD engagement in mental health activities. Univariate and bivariate analyses were performed to describe LHDs' level of mental health activity and identify associated LHD characteristics. Semi-structured in-depth interviews were conducted with 30 LHD officials, audio-recorded, transcribed, and analyzed using thematic content analysis.

Results: Over half (55.8%) of LHDs performed ≥1 mental health activities, and 21.2% performed ≥4. LHDs that provided primary care services were most engaged in mental health activities, with 30.4% performing ≥4 and 18.2% performing ≥6. LHD officials perceived mental health as a public health issue and felt community pressure to address it, but encountered barriers related to resources and organizational boundaries.

Implications: LHDs might benefit from quality improvement and information sharing resources focused on population mental health promotion. Research should examine LHDs relationships with behavioral health departments and roles within broader social service systems.

Keywords

mental health, local health departments, mixed methods

Cover Page Footnote

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INTRODUCTION

Mental illness is common in the U.S. and is associated with increased risk for injuries, health risk behaviors, and physical conditions.[1] Recognizing the public health impact of mental illness, population mental health promotion has been established as a federal priority. For example, twelve Healthy People 2020 objectives are focused on mental health and "Mental and Emotional Well-Being" is a priority in the National Prevention Strategy.

Local health departments (LHDs) have the potential to promote population mental health through the 10 Essential Public Health Services,[1] and the Public Health Accreditation Board (PHAB) recently announced that it will consider population-based mental health activities in accreditation.[2] Little is known, however, about the extent to which LHDs are engaged in activities to address mental health or whether LHD officials perceive mental health as a public health concern. In a companion study, the prevalence and correlates of specific activities that LHDs perform to address mental health were described.[3] The current article builds on that study by reporting LHDs' cumulative level of engagement in multiple activities to address mental health and preliminary findings from interviews that explored how LHD officials perceive population mental health and their roles in promoting it.

METHODS

The current study was guided by Handler and colleagues' framework of public health system performance[4] and used a sequential exploratory mixed-methods research design (quan.→QUAL).[5] This type of design is well-suited for investigating questions in areas where little research has been conducted. A quantitative analysis was first conducted with the function of informing qualitative data collection (e.g., sampling strategy, interview guide development). Interviews were then conducted to expand on the quantitative findings.

Quantitative Methods. Data from Module 2 of the 2013 National Profile of Local Health Departments Study (Profile Study) were used. The survey module was sent to a stratified random sample of 616 LHDs and completed by 505 (response rate=82%). Eight variables, described in detail elsewhere,[3] were used to assess LHD engagement in mental health activities. These variables spanned four domains: provision of clinical mental healthcare services (two variables); nonclinical activities to ensure access to mental healthcare services (four variables); population-based mental illness prevention activities (one variable); and mental health policy advocacy (one variable). Each variable was dichotomous (*yes/no*). These eight variables were used to develop a cumulative measure of each LHD's level of engagement by summing the number of mental health activities each LHD performed (e.g., 0, ≥1, ≥2). Module 2 sampling weights were applied to generate nationally representative estimates. Univariate statistics were produced to describe the proportion of LHDs performing each number of mental health activities, stratified by LHD characteristics, with 95% confidence intervals (CIs).

Qualitative Methods. A semi-structured interview guide was developed that explored LHD officials' perceptions of mental health as a public health issue and factors that influence activities to address it. Twenty-one telephone-based interviews were conducted in which 30 LHD officials (Directors and/or Managers) participated. Respondents were purposively selected to construct a sample that was diverse in LHD level of engagement in mental health activities, geographic

region, and population size. Only one LHD official declined to participate. Each interview was approximately 40 minutes in duration, audio recorded, transcribed, and imported into NVivo 10, a qualitative data-management program, for analysis. Transcripts were analyzed using thematic content analysis. Each transcript was read by two coders who inductively generated categories to reflect themes in the data. A codebook was developed and the two coders re-read and coded all transcripts.

RESULTS

Over half (55.8%; 95% CI=53.8, 57.7) of LHDs performed ≥1 mental health activity and one-in-five (21.2%; 95% CI=19.6, 22.8) performed ≥4 (Table 1). The mean number of mental health activities performed was 1.7 (95% CI=1.6, 1.8) for all LHDs and 3.1 (95% CI=3.0, 3.2) for LHDs that performed ≥1 mental health activity. LHDs' level of engagement in mental health activities varied according to U.S. Census region and population size. LHDs in the Midwest

Table 1. Proportion of LHDs by number of mental health activities performed, stratified by region, population size, and provision of primary healthcare or substance abuse services (N=505)

LHD Characteristic	Number of MH Activities Performed								
	0 %, (95% CI)	≥1 %, (95% CI)	≥2 %, (95% CI)	≥3 %, (95% CI)	≥4 %, (95% CI)	≥5 %, (95% CI)	≥6 %, (95% CI)	All LHDs, mean (95% CI)	LHDs ≥1 MH activity, mean (95% CI)
All LHDs	44.2 (42.3, 46.2)	55.8 (53.8, 57.7)	37.2 (35.3, 39.0)	28.3 (26.6, 30.1)	21.2 (19.6, 22.8)	15.3 (13.9, 16.7)	8.0 (6.9, 9.1)	1.7 (1.6, 1.8)	3.1 (3.0, 3.2)
U.S. Census region									
Northeast	42.0 (37.3, 46.7)	58.0 (53.3, 62.7)	35.0 (30.3, 39.4)	28.2 (23.9, 32.5)	23.9 (19.8, 27.9)	14.1 (10.7, 17.3)	8.9 (6.1, 11.5)	1.9 (1.7, 2.1)	3.0 (2.8, 3.3)
South	48.3 (44.9, 51.7)	51.7 (48.3, 55.1)	35.1 (31.9, 38.4)	27.0 (24.0, 30.1)	19.3 (16.6, 21.9)	14.2 (11.9, 16.6)	6.7 (5.0, 8.4)	1.6 (1.4, 1.7)	3.1 (2.9, 3.3)
Midwest	40.6 (37.4, 43.7)	59.4 (56.3, 62.6)	40.3 (37.2, 43.5)	31.6 (28.6, 34.6)	23.1 (20.4, 25.8)	18.4 (16.0, 21.0)	10.2 (8.2, 12.2)	2.0 (1.8, 2.1)	3.2 (3.1, 3.4)
West	47.1 (41.9, 52.4)	52.9 (47.6, 58.1)	36.3 (31.3, 41.4)	22.9 (18.4, 27.2)	17.4 (13.3, 21.3)	10.9 (7.7, 14.3)	4.2 (2.1, 6.3)	1.4 (1.2, 1.6)	2.7 (2.4, 3.0)
LHD population size									
<25,000	46.5 (43.5, 49.6)	53.5 (50.4, 56.5)	33.4 (30.5, 36.2)	25.0 (22.4, 27.6)	16.6 (14.4, 18.9)	11.2 (9.2, 13.0)	6.3 (4.8, 7.7)	1.6 (1.4, 1.7)	2.8 (2.6, 3.0)
25,000–49,999	49.1 (44.6, 53.4)	50.9 (46.6, 55.4)	34.3 (30.2, 38.5)	28.5 (24.5, 32.4)	22.6 (18.9, 26.2)	17.6 (14.3, 21.0)	6.9 (4.7, 9.1)	1.7 (1.5, 1.9)	3.2 (3.0, 3.5)
50,000–99,999	38.7 (33.8, 43.3)	61.3 (56.7, 66.2)	46.9 (42.1, 51.9)	32.4 (27.9, 37.1)	25.2 (21.0, 29.6)	19.2 (15.4, 23.2)	9.7 (6.7, 12.5)	2.1 (1.8, 2.3)	3.4 (3.1, 3.6)
100,000–499,999	38.5 (34.0, 43.1)	61.5 (56.9, 66.0)	41.2 (36.5, 45.7)	32.1 (27.7, 36.4)	26.5 (22.4, 30.6)	19.2 (15.5, 22.8)	11.8 (8.9, 14.9)	2.0 (1.8, 2.3)	3.3 (3.1, 3.6)
≥500,000	44.5 (36.0, 52.9)	55.5 (47.1, 64.0)	35.0 (26.8, 43.0)	28.5 (20.9, 36.2)	20.4 (13.7, 27.5)	14.6 (8.3, 20.2)	8.0 (3.3, 12.5)	1.7 (1.3, 2.0)	3.0 (2.5, 3.5)
LHD Provision of clinical healthcare services									
Primary care	34.6 (29.3, 40.1)	65.4 (59.9, 70.7)	45.9 (40.3, 51.5)	37.5 (32.0, 42.8)	30.4 (25.3, 35.7)	26.8 (21.8, 31.7)	18.2 (13.8, 22.5)	2.5 (2.2, 2.8)	3.7 (3.4, 4.1)
Substance abuse	54.9 (49.2, 60.6)	45.1 (39.4, 50.8)	36.2 (30.8, 41.7)	33.0 (27.6, 38.3)	24.6 (19.6, 29.5)	15.5 (11.4, 19.7)	11.4 (7.9, 15.2)	1.8 (1.5, 2.1)	4.0 (3.6, 4.3)

Source. National Association of Country and City Health Officials Profile Study, United States, 2013
CI, confidence interval; LHD, local health department
Data are weighted to produce nationally representative estimates.

performed significantly more mental health activities than those in other regions, with LHDs in the Midwest performing an average of 2.0 (95% CI=1.8, 2.1) activities and 18.4% performing ≥5 (95% CI=16.0, 21.0). LHDs with the smallest and largest populations performed the fewest mental health activities and midsized LHDs performed the most. For example, LHDs serving a population <25,000 performed an average of 1.6 (95% CI=1.4, 1.7) mental health activities while an LHD serving a population of 50,000–99,999 performed 2.1 (95% CI=1.8, 2.3), and LHDs serving a population ≥500,000 performed 1.7 (95% CI=1.3, 2.0).

Local health departments that provided primary care services were highly engaged in mental health activities, with 30.4% (95% CI=25.3, 35.7) performing ≥4 and 18.2% (95% CI=13.8, 22.5) performing ≥6. LHDs that provided substance abuse services were divided in their level of activity to address mental health. The majority (54.9%, 95% CI=49.2, 60.6) of LHDs that provided substance abuse services did not perform any mental health activities, but those that performed ≥1 reported performing the highest number of mental health activities (mean: 4.0, 95% CI=3.6, 4.3).

Three main themes emerged related to LHD officials' perceptions of population mental health promotion (Table 2). First, LHD officials perceived mental health as a component of overall health and inextricably linked to physical health. Respondents emphasized that this represented a recent shift in perspective and was influenced by new health care financing arrangements. Second, many LHD officials felt pressure from community stakeholders to address mental health. In multiple instances, LHD officials described how mental health was identified as a priority in the process of developing a community health assessment and community health improvement plan in preparation for PHAB accreditation. Finally, LHD officials identified a number of barriers to addressing mental health issues. These barriers included limited resources and concerns about infringing on the turf of local behavioral health departments.

IMPLICATIONS

Mental health is being addressed by over half of LHDs in the U.S. and perceived as a public health concern by LHD officials. LHDs might benefit from quality improvement and information sharing resources focused on mental health and LHD practice. Such resources do not appear to be available in the National Association of County and City Health Officials (NACCHO) Toolbox or other web-based compendiums of resources for public health practice. The proportion of LHDs engaging in mental health activities that would benefit from such resources might increase with the trend toward LHD accreditation. As described, mental health was identified by community stakeholders as a major public health concern through community assessments and plans developed as part of the accreditation process.

The current study has limitations that represent areas for future research. It is likely that LHDs' level of mental health activity was influenced by the presence or absence of a local behavioral health department serving the same population, the structure of inter-organizational relationships with these departments, and state-level mental health and financing arrangements. These factors were not accounted for in the current study and research is needed to understand their influence

Table 2. Local health department (LHD) officials' perceptions of population mental health promotion (N=30)

Theme	Code Definition	Illustrative Quotes
Mental health as part of overall health	LHD official discussion of mental health as being integral to health and/or being perceived as a public health issue	We understand that physical health and mental health are really very important to coordinate the care. And for the whole person. We understand that. —Respondent #17 I see that our mental health work is very much a public health issue. And I think we're gonna be seeing probably more and more of that. — Respondent #14 What used to be just heard about in the mental health realm is now leaking over, and rightly so, into the public health realm because it is a public health concern. —Respondent #21
Community pressure for LHD to address mental health issues	LHD official discussion of community stakeholders identifying mental health as a public health priority	In our CHIP plan, there were three areas that emerged as a priority. And one of those areas for our city was mental health and wellness. — Respondent #1 Of the three topics that bubbled to the surface is of greatest interest to the community, mental health was the top one. —Respondent #7 And even at the youth group meetings, even the kids were saying one of the number one needs clearly is mental health services. You know, when you hear that from kids, you know this is really serious. —Respondent #8
Barriers to addressing mental health as a public health issues	LHD official discussion of competing priorities and how organization boundaries influence decisions about engaging in activities to address mental health	So that is why we don't have the population or the structure or the support to really focus on mental health … And we had to move our clinics to dilapidated buildings, so we just have a whole host of things that we are doing, so taking on another portion that's not required as an essential local public health service is not where we're at now. — Respondent #19 But short of that given that mental health is part of another agency, and wanting to respect that, I'm not looking to take mental health from another agency. — Respondent #15 We don't get as deeply into it because for political reasons, we never wanted it to be seen like we're stepping on [the department of behavioral health's] toes, per se. — Respondent #2

and identify opportunities for collaboration and resource sharing. The current study did not investigate whether an LHD's level of mental health activity was associated with the mental health status of the population it serves or outcomes these activities might produce. Similarly, the study provides no indication of the quality of mental health activities performed. Research that examines these issues can elucidate the specific configurations of LHD infrastructure and activity that are most effective at promoting population mental health.

SUMMARY BOX

What is already known about this topic? Mental health is widely acknowledged as a public health priority at the federal level, but little is known about the extent to which local health departments (LHDs) address mental health issues.

What is added by this report? We found that over half of LHDs in the U.S. perform at least one activity to address mental health. Findings also suggest that LHD officials perceive mental health as an important public health issue and feel community pressure to address it, but encounter challenges in doing so.

What are the implications for public health practice, policy, and research? Resources are needed to support LHDs in promoting population mental health.

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